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UNITED STATES DISTRICT COURT  
NORTHERN DISTRICT OF ILLINOIS  
EASTERN DIVISION

RECEIVED

NOV 30 2007  
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MICHAEL W. DOBBS  
CLERK, U.S. DISTRICT COURT

Ronelle McMullen

(Enter above the full name  
of the plaintiff or plaintiffs in  
this action)

07CV 6738  
JUDGE NORDBERG  
MAGISTRATE JUDGE MASON

vs.

Case No. \_\_\_\_\_  
(To be supplied by the Clerk of this court)

Thomas Dart  
Scott Kurtovich  
Leonard R Bersky  
Connie Mennella

(Enter above the full name of ALL  
defendants in this action. Do not  
use "et al.")

CHECK ONE ONLY:

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COMPLAINT UNDER THE CIVIL RIGHTS ACT, TITLE 42 SECTION 1983  
U.S. Code (state, county, or municipal defendants)

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COMPLAINT UNDER THE CONSTITUTION ("BIVENS" ACTION), TITLE  
28 SECTION 1331 U.S. Code (federal defendants)

☐

OTHER (cite statute, if known)

**BEFORE FILLING OUT THIS COMPLAINT, PLEASE REFER TO "INSTRUCTIONS FOR  
FILING." FOLLOW THESE INSTRUCTIONS CAREFULLY.**

I. Plaintiff(s):

- A. Name: Ronelle McMillan
- B. List all aliases: Tim Brown Bryant Brown
- C. Prisoner identification number: B-75198
- D. Place of present confinement: Shawnee CC
- E. Address: 6665 State Rt. 146. East Vienna IL 62995

(If there is more than one plaintiff, then each plaintiff must list his or her name, aliases, I.D. number, and current address according to the above format on a separate sheet of paper.)

## II. Defendant(s):

(In A below, place the full name of the first defendant in the first blank, his or her official position in the second blank, and his or her place of employment in the third blank. Space for two additional defendants is provided in B and C.)

- A. Defendant: Thomas Dart (704 Daley Center)  
 Title: Sheriff of Cook County Chicago, IL 60602  
 Place of Employment: Cook County Department of Correction
- B. Defendant: Scott Kurovich  
 Title: First Asst. Director of Cook County  
 Place of Employment: Cook County Department of Correction  
2600 So. California, Chicago, IL 60608
- C. Defendant: Leonard R. Bersky  
 Title: Chief operating officer of Cermak Health Services  
 Place of Employment: Cook County Department of Correction  
2600 So. California, Chicago, IL 60608

(If you have more than three defendants, then all additional defendants must be listed according to the above format on a separate sheet of paper.)

### III. Exhaustion of Administrative Remedies

You are required to exhaust all your available administrative remedies before bringing an action in federal court.

A. Is there a grievance procedure available at your institution?

YES ☒ NO ( ) If there is no grievance procedure, skip to F.

B. Have you filed a grievance concerning the facts in this complaint?

YES ☒ NO ( )

C. If your answer is YES:

1. What steps did you take?

I Filed a grievance  
on the Healthcare unit for Not give me  
the Medical treatment I request for

2. What was the result?

I Went down to see the  
Doctor for pain in my Chest in the Section  
where the heart is and he Listen to my  
Chest and told Me it sounds good

3. If the grievance was not resolved to your satisfaction, did you appeal? What was the result (if there was no procedure for appeal, so state.)

No beca-  
use I were now that you can appeal  
a grievance

D. If your answer is NO, explain why not:

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E. Is the grievance procedure now completed? YES ( ) NO (X)

F. If there is no grievance procedure in the institution, did you complain to authorities? YES ( ) NO ( )

G. If your answer is YES:

1. What steps did you take?

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2. What was the result?

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H. If your answer is NO, explain why not:

the grievance is  
not completed because I should  
have received better medical treatment

IV. List ALL lawsuits you (and your co-plaintiffs, if any) have filed in any state or federal court (including the Central and Southern Districts of Illinois):

- A. Name of case and docket number: \_\_\_\_\_
- B. Approximate date of filing lawsuit: \_\_\_\_\_
- C. List all plaintiffs (if you had co-plaintiffs), including any aliases: \_\_\_\_\_
- D. List all defendants: \_\_\_\_\_
- E. Court in which the lawsuit was filed (if federal court, name the district; if state court, name the county): \_\_\_\_\_
- F. Name of judge to whom case was assigned: \_\_\_\_\_
- G. Basic claim made: \_\_\_\_\_
- H. Disposition of this case (for example: Was the case dismissed? Was it appealed? Is it still pending?): \_\_\_\_\_
- I. Approximate date of disposition: \_\_\_\_\_

**IF YOU HAVE FILED MORE THAN ONE LAWSUIT, THEN YOU MUST DESCRIBE THE ADDITIONAL LAWSUITS ON ANOTHER PIECE OF PAPER, USING THIS SAME FORMAT. REGARDLESS OF HOW MANY CASES YOU HAVE PREVIOUSLY FILED, YOU WILL NOT BE EXCUSED FROM FILLING OUT THIS SECTION COMPLETELY, AND FAILURE TO DO SO MAY RESULT IN DISMISSAL OF YOUR CASE. CO-PLAINTIFFS MUST ALSO LIST ALL CASES THEY HAVE FILED.**

Defendant #4

Defendant - Connie Mennella  
Title Director of tuberculosis Clinic  
Place of Employment Cook County Department  
of Correction  
2600 So. California Ave.  
Chicago, IL 60608

## V. Statement of Claim:

State here as briefly as possible the facts of your case. Describe precisely how each defendant is involved. Include also the names of other persons involved, dates, and places. Do not give any legal arguments or cite any cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. (Use as much space as you need. Attach extra sheets if necessary.)

I INTER Cook County Department of Correction  
ON 5-19-05 With no Health problem. When you  
Come to Cook County you go through receiving  
you take a Chest Xray you get the tuberc-  
ulosis shot and a blood test to see if there  
is something in your blood system and my  
and all tests come back clean. I left  
Cook County went to Stateville receiving  
went through the same thing there and  
my system was still clean. From Stateville  
I went to big muddy Correctional Center  
and there I did the same thing in big  
muddy and no disease found in my blood  
system. So I came back to Cook County  
8-18-07 for Stateville Correctional Center  
and 18 months later Cermak  
Health Service calls me over and takes  
a blood test and I took a HIV test

All so this is in Feb 2007 and on 3-2007  
I go back to Cermak and thats when  
The Doctor tells me I have tuberculosis  
In me the Doctor say its sleeping in  
my Lungs I've been taking Medication  
for it I was put on the medication 5-02-  
07 and I am still on it I ~~feel~~ feel  
that Cook County and Cermak is suppose  
To keep detainees healthy and out of  
reach of things like this and the Cook  
County Sheriff is suppose to make sure  
That his OFFICERS and the people that  
work there do there job the right way.  
I might never be able to work A real  
Job again because of whats in my  
body I pray that I do not pass this  
Disease that I have to a Nothere  
human being. Thank you

## VI. Relief:



State briefly exactly what you want the court to do for you. Make no legal arguments.  
Cite no cases or statutes.

To Award Compensatory damages in the following  
amounts \$15,000 jointly and severally against  
Defendants Thomas Dart Scott Kurtovich  
Leonard R Bershy Connie Mennella for  
the physical and emotional pain as a  
result of the plaintiff deliberate indifference  
Award punitive damages in the amount of

CERTIFICATION

\$10,000 each against  
defendants

Thomas Dart  
Scott Kurtovich

By signing this Complaint, I certify that the facts stated in this  
Complaint are true to the best of my knowledge, information and  
belief. I understand that if this certification is not correct, I may be  
subject to sanctions by the Court.

Signed this 1 day of 10-16 20 07

Bonelle McMullen

Bonelle McMullen

(Signature of plaintiff or plaintiffs)

Bonelle McMullen

(Print name)

B-75198

(I.D. Number)

Shawnee C.C

6665 State Rt. 146 EAST

VIENNA ILL 62995

(Address)